Rubber Dam Application

Ronald Mason
RDH, BS, EFDA Instructor

OBJECTIVES

- List the six objectives of the ideal isolation.
- Select materials / armamentarium used to place the rubber dam.
- State reasons to ligate the clamp and the criteria for acceptable rubber dam placement.
- Determine the advantages / disadvantages of using rubber dam.
- Identify the procedures to remove the rubber dam
- Select the steps used for the split dam tech.

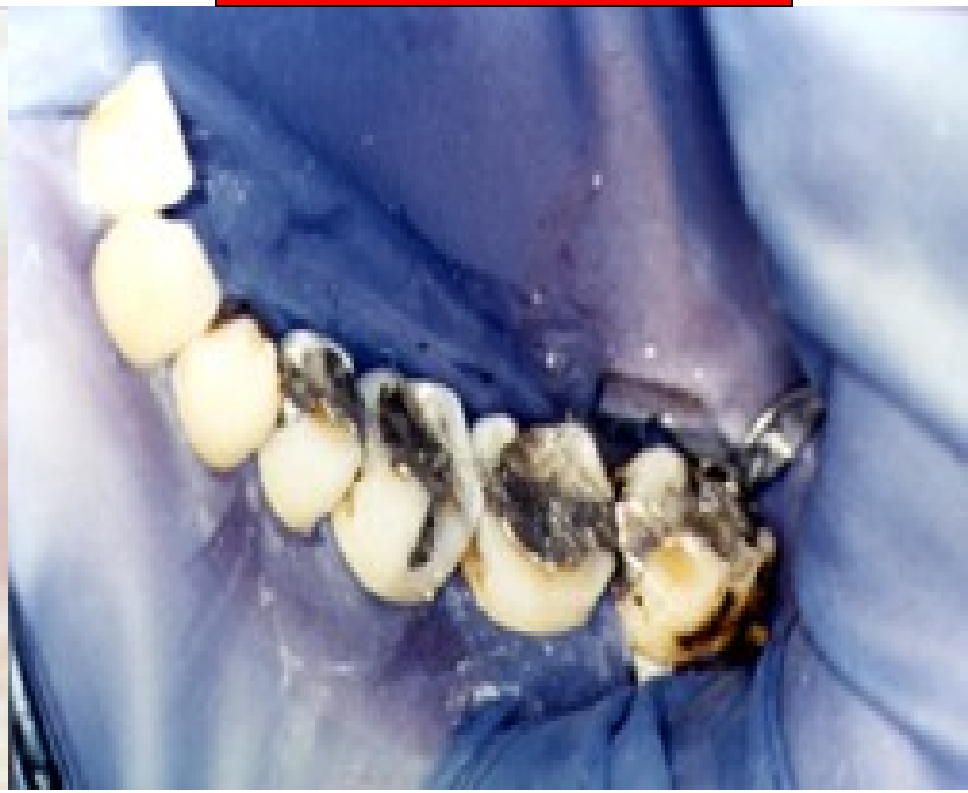
Objectives of Ideal Isolation

- Provide optimum visibility and access to operative site.
- Prevent moisture contamination of teeth.
- Retract and control soft tissue of tongue, lip, and mucosa.
- Protect patient against aspiration of dental instruments and materials.
- Provide patient comfort.
- Be easily and rapidly accomplished.

Same Mouth!!

Before

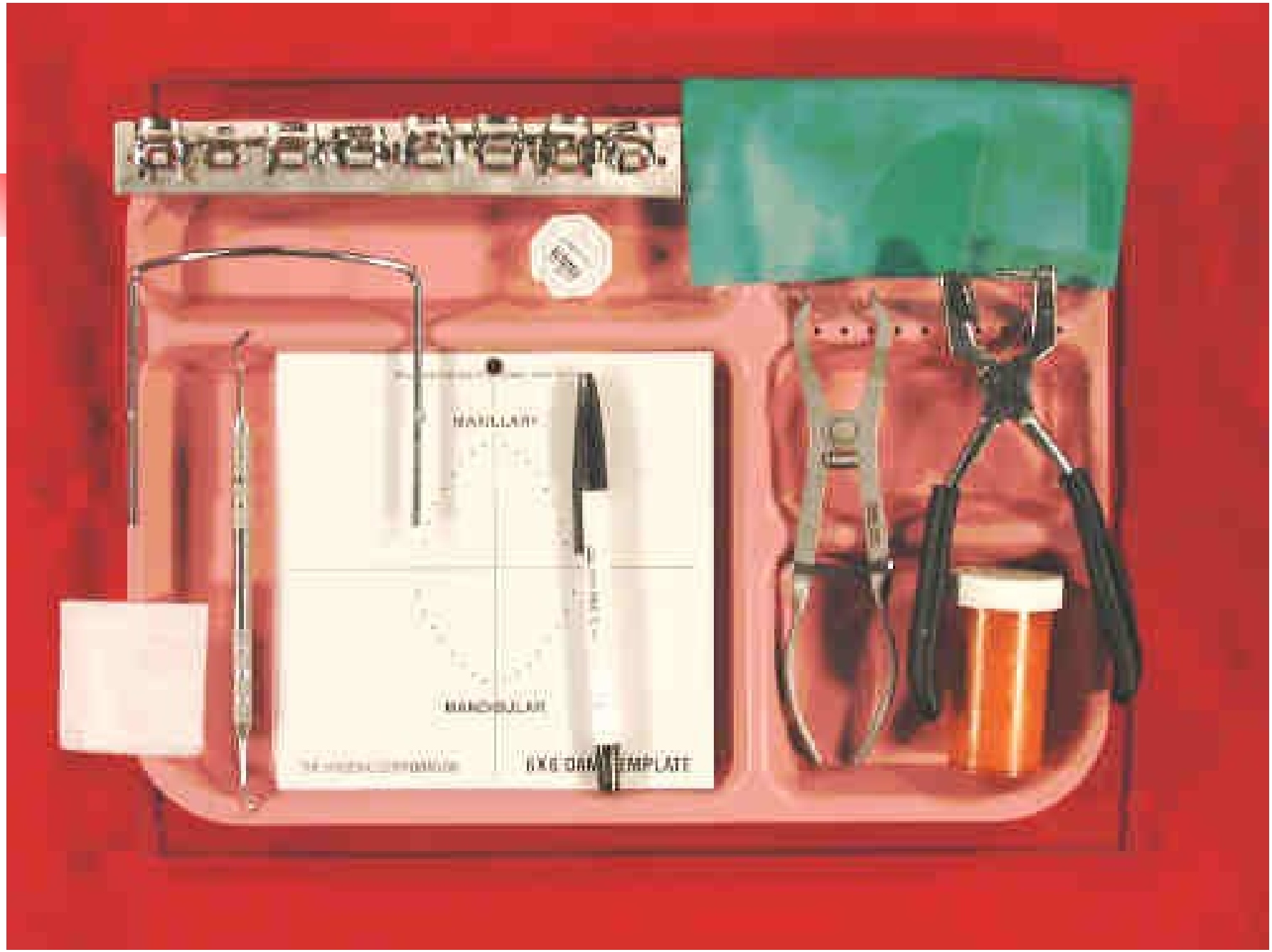
After



Armamentarium

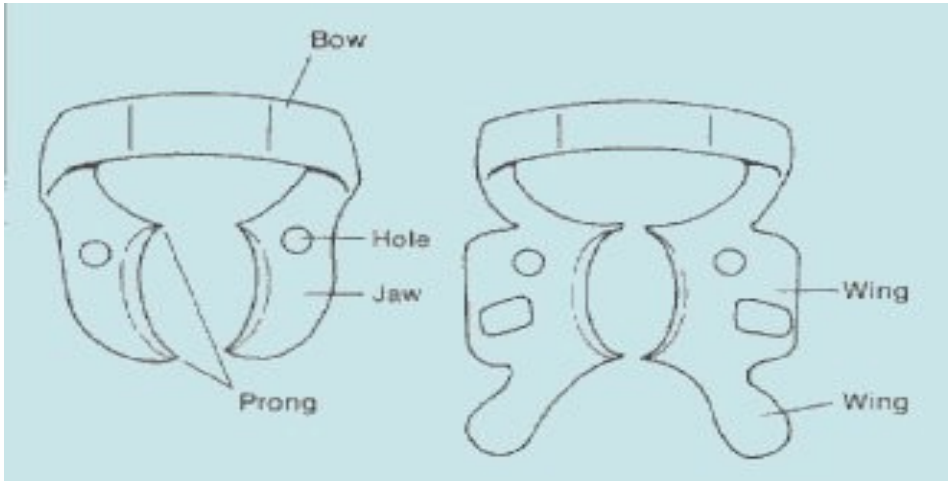
- Mirror, explorer, cotton pliers.
- Woodson #2 or metal plastic instrument.
- Rubber dam material
  - Medium - used due to cost
  - Heavy - easiest to place
  - Shelf life-2 yrs refrigerated
- Rubber dam stamp /ink pad.

MAXILLARY
MANDIBULAR
THE HYGENIC CORPORATION
6X6 DAM TEMPLATE


MAXILLARY
MANDIBULAR

Armamentarium

- Rubber dam punch
- Rubber dam clamps/ may customize
  - Winged - small projections allow it to be mounted on dam prior to application
  - Wingless - applied directly to tooth



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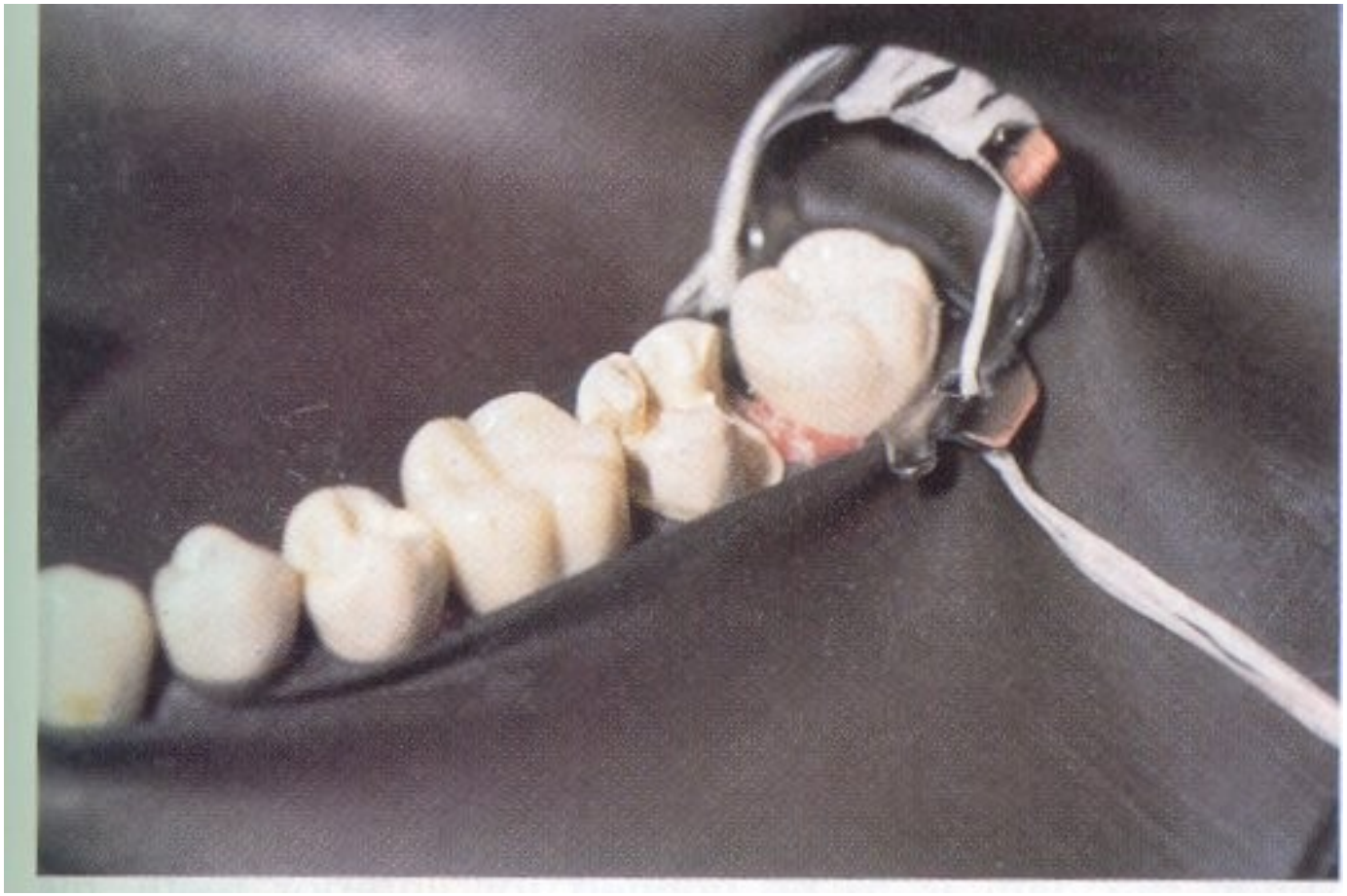
Armamentarium

- Clamp forceps.
- Rubber dam frame.
- Waxed dental floss.
  - Tape much preferred over floss
- Scissors.
- Lubricant.
  - Vaseline - do not apply to dam
  - Water soluble lubricant
    - Hand Soap
- Wooden wedges.

Ligated or Ligature?



Why Ligate the Clamp

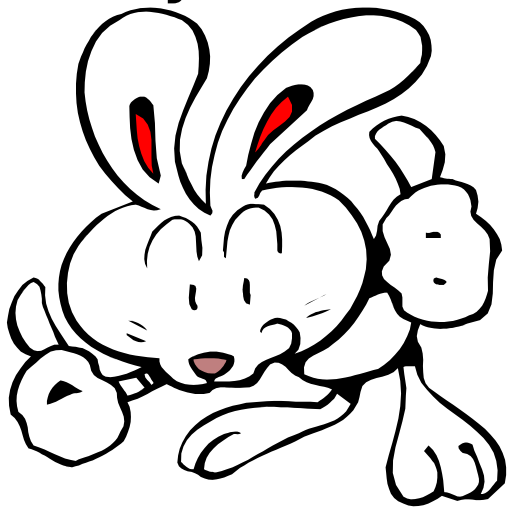
- All retainers applied before the rubber dam is in place must be ligated. A 12” piece of floss should be attached to the retainer and threaded though both holes to catch all of the pieces should the retainer break.
- Prevents the patient accidentally swallowing the clamp.
- Prevents injury to the dental team from flying debris caused by an improper seat of the clamp.

Criteria for Acceptable Rubber Dam Placement

- Moisture control is established.
- Adequate exposure of teeth to provide visual access and adequate finger rests.
- Dam is stabilized and secure with an absence of tissue damage.
- Clamp is properly ligated.
- Dam is properly inverted.
- Patient is comfortable.

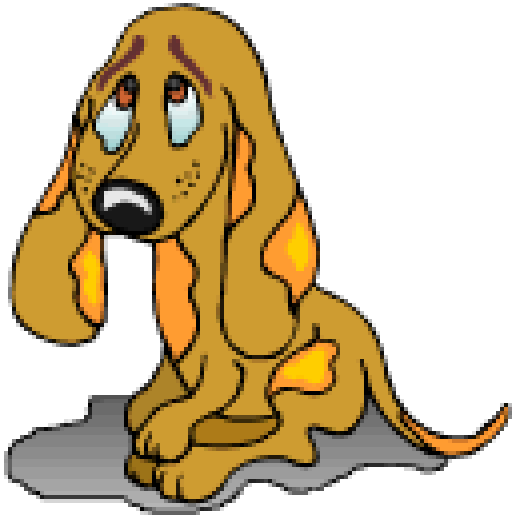
Advantages

- Prevent moisture contamination
- Retracts & controls soft tissue
- Protects from aspiration
- Provides optimal visibility & access
- Control aerosols



Disadvantages

- Discomfort if not numb
- If patient is claustrophobic
- Patient suffers from congestion
- Patient may be allergic to latex
- Time??



Can We Predict Latex Allergies?

Red flag if the patient is allergic to the following foods:

Avocados

Bananas

Water chestnuts

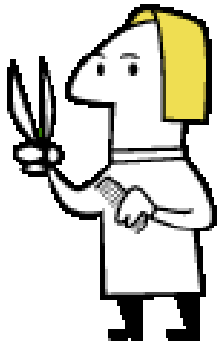
Kiwifruit

Source: American College of Allergy & Immunology

Removal of Rubber Dam

- Thoroughly cleanse area.
- Cut/remove interproximal ligatures.
- Stretch rubber dam facially and cut each interproximal septum with scissors.
- Remove clamp with clamp forceps.
- Remove dam and examine it for any missing pieces.
- Examine site for remaining rubber; remove with floss or explorer.
- Rinse oral cavity, wipe off patient’s lips.

Slit Dam Technique



- Compromise technique to isolate operative field with fixed partial denture.
- Sometimes need to isolate very crowded teeth.
- Technique.
  - Punch holes in the position of the terminal teeth at each end and of the proposed exposure.
  - Using scissors connect the holes with a single cut; then, place the dam.

Questions??